

Supplemental Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A DEFIBRILLATOR DEVICE WITH A REMOTE REGION ON ITS CASING
Attorney Docket Number::	3003-1130-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No <u>Yes</u>
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GREAT BRITAIN
Status:: Full Capacity
Given Name:: KEVIN
Middle Name:: J.
Family Name:: HERBERT
Name Suffix::
City of Residence:: GLOUCESTERSHIRE
State or Province of Residence::
Country of Residence:: GREAT BRITAIN
Street of Mailing IXA MEDICAL PRODUCTS LIMITED LIABILITY
Address:: PARTNERSHIP, DEZAC HOUSE, MOTPELLIER
STREET, CHELTENHAM
City of Mailing Address:: GLOUCESTERSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: GREAT BRITAIN
Postal or Zip Code of Mailing Address:: GL50 1SS

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GREAT BRITAIN
Status:: Full Capacity
Given Name:: DESMOND BRYAN
Middle Name::
Family Name:: MILLS
Name Suffix::
City of Residence:: GLOUCESTERSHIRE
State or Province of Residence::
Country of Residence:: GREAT BRITAIN
Street of Mailing IXA MEDICAL PRODUCTS LIMITED LIABILITY
Address:: PARTNERSHIP, DEZAC HOUSE, MOTPELLIER
STREET, CHELTENHAM
City of Mailing Address:: GLOUCESTERSHIRE

State or Province of Mailing Address::

Country of Mailing Address:: GREAT BRITAIN

Postal or Zip Code of Mailing Address:: GL50 1SS

Correspondence Information

Correspondence Customer Number:: 00466



Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB2005/000248	1/24/05
PCT/GB2005/000248	An application claiming benefit under 35 USC 119 (e)	60/539,335	1/28/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GREAT BRITAIN	0401455.1	1/23/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::